

Ministry of Public Health of USSR Charkov Institute
of Vaccines and Serums in the Name of Metchnikov
City of Charkov, Pushkin St. No. 14

INSTRUCTION FOR THE APPLICATION OF THE DIAGNOSTIC TEST FOR
ACUTE DIFFUSED ENCEPHALOMYELITIS AND MULTIPLE SCLEROSIS

An intradermal test is made with the purpose of diagnosis in case of an acute encephalomyelitis and multiple sclerosis. For a cutis test an antigen is used which is an inactivated 0.2 per cent of formalin virus of acute encephalomyelitis. As an antigen an ordinary vaccine which is used for the treatment of this disease can be utilized, but not later than 4 months from its preparation.

The dermal test is done on the inner side of the foreshoulder by the intradermal injection of 0.2 mm. of the antigen. Thin needles and 1-2 mm. syringes with small scales should be used.

On the place of injection the skin should be cleaned with alcohol or ether, then it should be stretched a little and held by the fingers of the left hand. The needle, put on the syringe with the antigen with the cut face up so that the cut should be clearly visible through the cutis, is introduced into it. After the needle penetrates the skin for 0.5 cm. the stretching should be stopped and 0.2 mm. of antigen are injected. With the correct intradermal injection a tubercle is formed. The skin on this place has the shape of so-called "lemon rind". No further treatment on the spot of the injection is necessary.

The results of an intradermal test are registered after 24-48 hours. The positive reaction manifests itself by the skin reddening, swelling

and by becoming dropsical at the place of injection. The size of the reaction is determined in centimeters. The measurement is done in two mutually perpendicular directions.

According to the size the reactions are appraised in the following manner:

1 x 1 cm.	Negative
2 x 2 cm.	Doubtful
2 x 3 cm.	Positive
4 x 5 cm. and more	Acutely positive

For the control of the specification of the reaction, a control antigen which does not contain any virus is introduced with a different syringe in a similar way on the other arm. The reaction to the control antigen is usually not bigger than 1x 1 cm. The results of the reactions are registered in the case history.

Persons who had previously a vaccine treatment or who had in the last two years inoculation of the antirabic vaccine may show a positive reaction to the experimental as well as control antigen. In those cases the reaction has no diagnostical value.

In case of a doubtful or technically incorrectly performed reaction, it should be repeated. The positive reaction confirms the diagnosis of acute encephalomyelitis or multiple sclerosis.